

**FORT COLLINS BASEBALL CLUB  
APPLICATION FOR SCHOLARSHIP/REDUCED FEE**

**Section 1. Personal Information**

Name of Players \_\_\_\_\_ GRADE: \_\_\_\_\_  
 List current grade \_\_\_\_\_ GRADE: \_\_\_\_\_  
 \_\_\_\_\_ GRADE: \_\_\_\_\_  
 Parent/Legal Guardian name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
 Total Number of family members in household: \_\_\_\_\_

For Office Use Only
Approved: Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
League Fee: _____
Amount Waived: _____
Amount Due: _____
Staff Initials: _____

**PLEASE COMPLETE ALL INFORMATION. Information not completed may slow the process of scholarship**

**Section 2. Financial Information**

Parks and Recreation Waiver ? Yes [  ] No [  ] **Fee Waivers granted through the City of Fort Collins will be accepted, but allocation of reduction will be based on FCBC allocated funds. Please PROVIDE A COPY OF THE LETTER or DOCUMENTATION**

Have you applied before for a FCBC Scholarship? Yes [  ] No [  ]

Annual Income: \_\_\_\_\_ (Must be completed)

Please circle any federal assistance programs in which you are currently enrolled:

Reduced/Free Lunch    Subsidized Housing    Other: \_\_\_\_\_

Please include any information that will aid us in making a decision on your application:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3. Guidelines and Information**

This application must be submitted to FCBC **with your registration**. FCBC will determine the amount of the reduction. Fee Waivers granted through the City of Fort Collins will be accepted, **but allocation of reduction will be based on FCBC allocated funds. NOTE that all fees in the Recreational Program for all players are subsidized. Would you be willing to WRITE a testimonial for our use on how receiving these funds have assisted you    YES    NO**

**Section 4. Mandatory Volunteer Opportunities**

All recipients of financial aid from Fort Collins Baseball Club are required to volunteer in some capacity with our program. A minimum of two hours volunteer time is required from all reduced fee recipients. Listed below are categories you can volunteer for:

\_\_\_ Clerical/Office    \_\_\_ Uniform Sales    \_\_\_ Fundraising    \_\_\_ Other (office assigned)

I hereby verify that all information on this application is accurate, and, if this application is granted, I agree to abide by all terms and conditions in this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_